

November 2, 2015

Subject: Resubmission of Erroneously Denied Multiple Gestation Claims

**Tanya E. Schuhmeier** *Director, Provider Relations*California MMIS

Xerox State Healthcare, LLC 820 Stillwater Road West Sacramento, CA 95605

www.xerox.com/govhealthcare

## Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing some multiple gestation claims billed with CPT-4 code 76816 using modifier 59 to erroneously deny with Remittance Advice Details (RAD) code **095**: **This service is not payable due to a procedure, or procedure and modifier, previously reimbursed**. The issue affected claims for dates of service from September 22, 2003, through May 31, 2015.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims. These resubmissions will appear on RAD forms beginning November 5, 2015, with Claim Control Number (CCN) prefix **529455**.

If you disagree with any of these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal website (*www.medi-cal.ca.gov*). For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions regarding this adjustment, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier Director, Provider Relations California MMIS Xerox State Healthcare, LLC

Reference Number: P29084